

MEDICINE BOARD[653]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 147.76 and 272C.2, the Board of Medicine hereby amends Chapter 11, “Continuing Education and Mandatory Training for Identifying and Reporting Abuse,” Iowa Administrative Code.

These amendments update language and eliminate redundancies in Chapter 11 and establish continuing education requirements for chronic pain management and end-of-life care.

The Board approved a Notice of Intended Action to amend Chapter 11 on February 11, 2011. Notice of Intended Action was published in the Iowa Administrative Bulletin on March 9, 2011, as **ARC 9413B**. A public hearing was held on March 29, 2011, from 2 to 2:30 p.m. at the Board’s office, 400 S.W. Eighth Street, Suite C, Des Moines, Iowa.

Public comments were received from the Iowa Medical Society; the Iowa Osteopathic Medical Association; the Iowa Society of Anesthesiologists; the U.S. Department of Justice, Drug Enforcement Administration; Mark Barnhill, D.O., Iowa Health Physicians; and Norene Mostkoff, Hospice of Central Iowa/HCI Care Services. In response to comments, the following changes were made to the proposed amendments: The word “mandatory” was deleted from the chapter title and throughout rules, subrules, paragraphs and subparagraphs in this chapter because it is redundant. In addition, proposed subparagraphs 11.4(1)“a”(4) to (6) have been renumbered as subrules 11.4(6) to 11.4(8).

These amendments were adopted by the Board on June 3, 2011.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code chapter 272C.

These amendments will become effective on August 17, 2011.

The following amendments are adopted.

ITEM 1. Amend **653—Chapter 11**, title, as follows:

CONTINUING EDUCATION AND MANDATORY TRAINING FOR IDENTIFYING AND REPORTING ABUSE REQUIREMENTS

ITEM 2. Amend rule **653—11.1(272C)**, definition of “Mandatory training for identifying and reporting abuse,” as follows:

~~“Mandatory training~~ *Training for identifying and reporting abuse*” means training on identifying and reporting child abuse or dependent adult abuse required of physicians who regularly provide primary health care to children or adults, respectively. The full requirements on ~~mandatory~~ reporting of child abuse and the training requirements are in Iowa Code section 232.69; the full requirements on ~~mandatory~~ reporting of dependent adult abuse and the training requirements are in Iowa Code section 235B.16.

ITEM 3. Amend rule 653—11.4(272C) as follows:

653—11.4(272C) Continuing education and training requirements for renewal or reinstatement. A licensee shall meet the requirements in this rule to qualify for renewal of a permanent or special license or reinstatement of a permanent license.

11.4(1) Continuing education and ~~mandatory~~ training for identifying and reporting abuse requirements.

a. Continuing education for permanent license renewal. Except as provided in these rules, a total of 40 hours of category 1 activity or board-approved equivalent shall be required for biennial renewal of a permanent license. This may include up to 20 hours of credit carried over from the previous license period and category 1 activity acquired within the current license period.

(1) and (2) No change.

~~(3) A licensee shall maintain a file containing records documenting continuing education activities, including dates, subjects, duration of programs, registration receipts where appropriate and any other relevant material, for four years after the date of the activity. The board may audit this information~~

~~at any time within the four years. If the board conducts an audit of continuing education activities, a licensee shall respond to the board and provide all materials requested, within 30 days of a request by board staff or within the extension of time if one had been granted. Failure to comply with this provision is grounds for discipline.~~

(3) Category 1 CME activity. A licensee shall complete the training as part of a category 1 CME activity or an approved training program. A licensee may apply the category 1 CME activity credit received for the training during the license period in which the training occurred toward the 40 hours of continuing education required for biennial renewal.

b. No change.

c. ~~Mandatory training~~ Training for identifying and reporting child and dependent adult abuse for permanent or special license renewal. The licensee shall complete the training as part of a category 1 activity or an approved training program. The licensee may utilize category 1 activity credit received for this training during the license period in which the training occurred to meet continuing education requirements in paragraph 11.4(1)“a.”

(1) Training to identify child abuse. A licensee who regularly provides primary health care to children ~~shall indicate on the renewal application the completion of~~ must complete at least two hours of training in child abuse identification and reporting in the previous every five years. “A licensee who regularly provides primary health care to children” means all emergency physicians, family ~~practitioners~~ physicians, general practice physicians, pediatricians, and psychiatrists, and any other physician who regularly provides primary health care to children.

(2) Training to identify dependent adult abuse. A licensee who regularly provides primary health care to adults ~~shall indicate on the renewal application the completion of~~ must complete at least two hours of training in dependent adult abuse identification and reporting in the previous every five years. “A licensee who regularly provides primary health care to adults” means all emergency physicians, family ~~practitioners~~ physicians, general practice physicians, internists, obstetricians, gynecologists, and psychiatrists, and any other physician who regularly provides primary health care to adults.

(3) Combined training to identify child and dependent adult abuse. A licensee who regularly provides primary health care to adults and children ~~shall indicate on the renewal application the completion of~~ must complete at least two hours of training on in the identification and reporting of abuse in dependent adults and children every five years. ~~This~~ The training may be completed through separate courses as identified in subparagraphs 11.4(1)“c” (1) and (2) ~~above~~ or in one combined two-hour course that includes curricula for identifying and reporting child abuse and dependent adult abuse. “A licensee who regularly provides primary health care to children and adults” means all emergency physicians, family ~~practitioners~~ physicians, general practice physicians, internists, and psychiatrists, and any other physician who regularly provides primary health care to children and adults.

~~(4) A licensee shall maintain a file containing records documenting mandatory training for identifying and reporting abuse, including dates, subjects, duration of programs, and proof of participation, for five years after the date of the training. The board may audit this information at any time within the five-year period. If the board conducts an audit of mandatory training for identifying and reporting abuse, a licensee shall respond to the board and provide all materials requested, within 30 days of a request made by board staff or within the extension of time if one had been granted. Failure to comply with this provision is grounds for discipline.~~

d. Training for chronic pain management for permanent or special license renewal. A licensee who regularly provides primary health care to patients must complete at least two hours of training for chronic pain management every five years. “A licensee who regularly provides primary health care to patients” means all emergency physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists, psychiatrists, and any other physician who regularly provides primary health care to patients.

e. Training for end-of-life care for permanent or special license renewal. A licensee who regularly provides primary health care to patients must complete at least two hours of training for end-of-life care every five years. “A licensee who regularly provides primary health care to patients” means all emergency physicians, family physicians, general practice physicians, internists, neurologists,

pain medicine specialists, psychiatrists, and any other physician who regularly provides primary health care to patients.

11.4(2) *Exemptions from renewal requirements.*

a. No change.

b. The requirements for ~~mandatory~~ training on identifying and reporting abuse for license renewal shall be suspended for a licensee who provides evidence for:

(1) and (2) No change.

11.4(3) and **11.4(4)** No change.

11.4(5) *Cost of continuing education and ~~mandatory training for identifying and reporting abuse for renewal or reinstatement.~~ It is the responsibility of each* Each licensee to finance the is responsible for all costs of continuing education and training required in 653—Chapter 11.

11.4(6) *Documentation.* A licensee shall maintain documentation of the continuing education and training requirements in 653—Chapter 11, including dates, subjects, duration of programs, and proof of participation, for five years after the date of the continuing education and training.

11.4(7) *Audits.* The board may audit continuing education and training documentation at any time within the five-year period. If the board conducts an audit of continuing education and training, a licensee shall respond to the board and provide all materials requested, within 30 days of a request made by board staff or within the extension of time if one has been granted.

11.4(8) *Grounds for discipline.* A licensee may be subject to disciplinary action for failure to comply with continuing education and training requirements in 653—Chapter 11.

ITEM 4. Amend rule 653—11.5(272C), catchwords, as follows:

653—11.5(272C) Failure to fulfill requirements for continuing education and ~~mandatory~~ training for identifying and reporting abuse.

ITEM 5. Amend paragraph **11.5(1)“c,”** introductory paragraph, as follows:

c. The committee shall consider the staff’s recommendation for denial of credit for continuing education or ~~mandatory~~ training for identifying and reporting abuse.

ITEM 6. Amend subparagraph **11.5(1)“d”(2)** as follows:

(2) If the board denies the credit, it shall:

1. Close the case;

2. Send the licensee or applicant an informal, nonpublic letter of warning, which may include recommended terms for complying with the requirements for continuing education or ~~mandatory~~ training for identifying and reporting abuse; or

3. File a statement of charges for noncompliance with the board’s rules on continuing education or ~~mandatory~~ training for identifying and reporting abuse and for any other violations which may exist.

ITEM 7. Amend subrule 11.5(2), introductory paragraph, as follows:

11.5(2) Informal appearance for failure to complete requirements for continuing education or ~~mandatory~~ training for identifying and reporting abuse.

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EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 7/13/11.